



NCA

OFFICE OF INTEGRATION

NEWSLETTER

SERVING AS THE VOICE OF THE OFFICE OF INTEGRATION

in-te-gra-tion (ĭ n ' t ĭ -gr ə ' sh ə n):

the combining and coordinating of separate parts or elements into a unified whole

Your Connection to Integration

T

he Office of Integration Newsletter is the official newsletter of the National Capital Area (NCA) Office of Integration (OI).

The primary purpose of this newsletter is to provide an editorial medium that serves as a voice to developing policy being facilitated by both the Office of Integration (OI) under the guidance of local MHS leadership for the Army, Navy and Air Force. The secondary purpose is to disseminate information and issues of interest regarding integration among military treatment facilities within the NCA.

This newsletter will be published monthly. It will be provided in an electronic format. It will be published on the Office of Integration's website the first week (or



15th) of every month.

If you experience difficulties with obtaining access to the newsletter, contact the Editor. In addition to this, we welcome your feedback, as we want this newsletter to effectively meet the needs of our readers. Please forward all feedback in writing to the Editor. ■

Office of Integration Website:

<https://ncaextranet.bethesda.med.navy.mil/GoalGroups/default.aspx>

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INTEGRATION PLAN ROLLOUT DATES

NATIONAL NAVAL MEDICAL CENTER—
LOCATION: CLARK AUDITORIUM
NOVEMBER 28 (12-1 PM and 4-5 PM)

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES—
LOCATION: CAFETERIA
NOVEMBER 21 (3 PM)



The PFD Process:

A Blueprint for Spaces not Faces

In the months following the final approval of the Base Realignment and Closure (BRAC) recommendations made law by Congress, one woman spearheaded a team of engineers and Department of Defense (DoD) space planning officials on the pioneering journey of discovering what the new Walter Reed National Military Medical Center at Bethesda and the new large hospital at Fort Belvoir will look like in 2011.

We were invited to meet with her. Army Lieutenant Colonel Jane DeNio sat down with us one busy afternoon to answer some questions that offer insight and clarity into what we've come to know as the "PFD Process".

OOIN: What does "PFD" stand for?

JD: It stands for Program for Design.

OOIN: What is the PFD?

JD: It is a room by room listing of the architectural requirements for a specified operational facility. It is a listing of the space requirements provided to the architect for "blueprints" to be drawn.

OOIN: What is the difference between the PFD and CONOPS? Are they the same?

JD: No, the CONOPS is a description of the departmental concepts and scopes of services, including mission, training, and research. It defines the workload, manpower, and equipment required to deliver that mission. The PFD is based upon the CONOPS.

OOIN: How long after BRAC was approved did you begin this process?

JD: The planning began in June. The PFD process began in August.

OOIN: What did this process consist of?

JD: First, we coordinated planning for the PFD in the MSMO office during the summer. We made initial space projections using BRAC imposed space planning criteria along with DoD planning criteria. Afterwards, we had to go back to speak with the end-users to validate if what we had projected would work. What we were mostly having to do initially was realign Walter Reed's space. BRAC said we needed to realign Walter Reed and NNMCM, but the FLAGS said we needed to

integrate Walter Reed and NNMCM, so this required that we go back to get the end user's view of the new operations in the two facilities we were planning.

OOIN: What is the DD-1391?

JD: It is the funding, programming document for construction requirements over \$3M.

OOIN: Is the DD-1391 part of the PFD?

JD: The DD-1391 tells higher authorities what is needed. The PFD tells us how much space is needed and that is what goes on the funding document (or DD-1391).

OOIN: So, what is the due date for the final PFD to be completed?

JD: The PFD will be 100% complete by 01 Feb 06 and will include the equipment requirements for turnover to the design agents,

the Corps of Engineers for the new hospital at Fort Belvoir and NAVFAC (Naval Facilities Engineering Command) for the facility requirements at Bethesda.

OOIN: Will there be opportunities in the future for end-users to make changes?

JD: Very, very limited changes, because changes cost money.

OOIN: Do you have any closing remarks?

JD: I would like to thank all the folks who were involved in the User Groups and I would especially like to thank the talented team of folks I've had the privilege to work with during this time. ■

"BRAC said we needed to realign Walter Reed and NNMCM, but the FLAGS said we needed to integrate Walter Reed and NNMCM..."

THE ROAD TRAVELED: Program-For-Design (PFD) TIMELINE



May 2005

Defense Secretary unveils BRAC recommendations

June 2005

PFD Team began assessing the implications of the BRAC scenario and preparing a mission appropriate solution

July 2005

PFD Team provided input for two DD-1391s— one for requirements at NNMCM and the other for Ft. Belvoir

August 2005

BRAC Commission accepts recommendations

September 2005

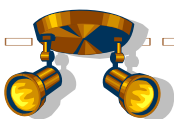
BRAC became law

September-December 2005

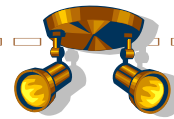
PFD Team pursues "market perspective" solution with user groups

June 2006

Second version of PFD is completed



FEATURE SPOTLIGHT



Dewitt's Office of Integration and Transition

With a crowded beltway and close to forty miles between them and the center of gravity for military medicine in the National Capital Area, Dewitt Army Community Hospital has not allowed their geography to affect strategically aligning

themselves to other military hospitals and ambulatory clinics in the National Capital Area like Walter Reed Army Medical Center and Malcolm Grow Medical Center. The office that serves as Dewitt's catalyst to the National Capital Area (NCA) Military Health System

(MHS) has been dubbed the Dewitt Office of Integration and Transition. Currently, the office is staffed by four people. Dr. Richard Repeta leads the team, serving as Director. The primary mission of the office is to manage the transition effort affecting Dewitt as a result of BRAC. ■

INTRODUCTION TO THE OFFICE OF INTEGRATION



COLONEL THOMAS FITZPATRICK, PhD, MD
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OFFICE OF INTEGRATION



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DIRECTOR, STRATEGIC PLANNING
STRATEGIC COMMUNICATIONS
O/D PRACTITIONER
O/D PRACTITIONER
O/D PRACTITIONER
O/D PRACTITIONER
SENIOR ENLISTED ADVISOR
EXECUTIVE ASSISTANT
TECHNICAL WRITER

THE ROAD TRAVELED: Office of Integration (OI) TIMELINE

October 2005

OI stood up with COL Fitzpatrick as Director and CAPT Malanoski as Deputy Director

April/May 2006

CDR Shaw replaced CAPT Malanoski as Deputy Director

May 2006

1st Integration Conference at USUHS

July 2006

OI staff grew to include: CAPT Smith, CAPT Pierce, COL Saulsbury, Ms. Towns, and Dr. Flint

September 2006

O/D Practitioners were added to the OI staff

2nd Conference
"Roadmap to Success"
Integration Plan Roll-out at USUHS

October 2006

OI staff grew to include: COL Murray and additional O/D Practitioners

November 2006

OI staff grew to include: SMG Vignon

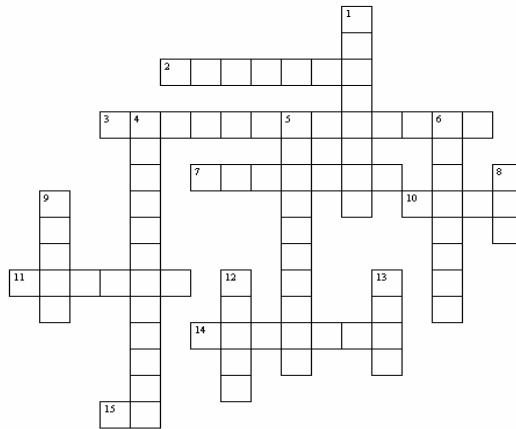
Integration Plan Road Show



Our Mission: Force Health Protection

To meet and adapt to the evolving health care needs of our military force, our mission, as established by the Department of Defense, is to use preventive health techniques and emerging technologies in environmental surveillance and combat medicine to protect all service members before, during, and after deployment. Force Health Protection is designed to improve the health of service members, prepare them for deployment, prevent casualties, and promptly treat injuries or illnesses that do occur, as well as care for their family members.

Military Slang Crossword Puzzle



ACROSS

- 2 Air Force Term: Alignment of shirt placket, belt buckle and zipper placket on a uniform
- 3 Military Term: Decorations on the brim of a field-grade officer's dress uniform cap
- 7 Marine Term: High and tight haircut and square chin
- 10 Navy Term: Toilet or Latrine
- 11 Navy Term: A store that sells snack and junk food
- 14 Military Term: Rapid removal of wounded personnel from a war zone
- 15 Military Term: Nickname for Lieutenant

DOWN

- 1 Military Term: Thorough cleanup of a barracks or duty area
- 4 Navy Term: Non-judicial Article 15 UCMJ
- 5 Military Term: Alphabetical list of personnel in a unit
- 6 Army Term: Refers to second lieutenants
- 8 Army Term: Battle Dress Uniform
- 9 Air Force Term: F-16 Pilots call the Fighting Falcon
- 12 Navy Term: Freshman at the US Naval Academy
- 13 Navy Term: The floor on a ship

Answers to be published in December's Newsletter



National Capital Area
Military Health System

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THE FUTURE OF THE NCA MHS



Our Vision

We envision and are committed to *one* integrated health system which leverages the assets of all DoD health care treatment facilities in the National Capital Area.

The Tri-Service Walter Reed National Military Medical Center at Bethesda will be a world-wide military referral center and together with the Uniformed Services University of the Health Sciences (USU), will represent the core of this integrated health system.

All Tri-Service facilities in the NCA and the USU will serve as a premier academic medical system focused on delivering the highest quality care, distinguished health professional education, and exemplary clinical and translational research.